## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000034192

1. Corporation Name

GLOBAL WEBMASTERS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State + 7

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

4134 GULF OF MEXICO DR. STE 302 LONGBOAT KEY FL 34228

4134 GULF OF MEXICO DR. STE 302 LONGBOAT KEY FL 34228

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90059 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

□ ~

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

-0829803

04/13/1998

| Zip   | Country  | ZipCou                  |                 | ountry   |  | 8. This corpora                               | ation owes the curre  | nt year Intangible                             |                    | _                      |  |
|---|--|-------------------------|-----------------|--|--|---|-----------------------|--|--------------------|------------------------|--|
| -[  | 25   | 29                      | 30              |  |  | Personal Pr                                   | <u> </u>              |  | 5 I                | □No                    |  |
| 9. Name and Address of Current Registered Agent |  |                         |                 |  | 10. Name and Address of New Registered Agent |   |                       |  |                    |                        |  |
| COLES, JASON<br>4134 GULF OF MEXICO DR, STE 302 |  |                         |                 | 81 Name  82 Street Address (P.O. Box Number is Not Acceptable) |  |   |                       |  |                    |                        |  |
| FO  | NGBOAT KEY FL 34228  |                         |                 | 83   |  |   |                       |  |                    | _                      |  |
|   |  |                         |                 | 84   | City   |   |                       | FL 85  | Zip C              | ode                    |  |
| office or                                       | it to the provisions of Sections 607.0502 a<br>registered agent, or both, in the State of<br>am familiar with, and accept the obligation | Florida. Such change    | was authori:    | zed by t   | -named corporati                             | poration submits thi<br>ion's board of direct | ors, i nereby accept  | urpose of changi<br>the appointment<br>4//3/99 | ng its r<br>as reg | registered<br>pistered |  |
| SIGNATURE                                       |  |                         |                 |  |  | - d . d (d-t))                                |                       | 1171 · 1                                       |                    |                        |  |
| 40  | Signature, typed or printed name of registered agent an  |                         |                 |  | signature require                            | ed when reinstating)                          | CHANGES TO OFF        |  | ECTOR              | RS IN 12               |  |
| 12.   | D OFFICERS AND I   | OFFICERS AND DIRECTORS  |                 | 13.  |  | ADDITIONO                                     | OTANGES TO OT         | □ Ch   |                    | Addition               |  |
| TITLE   | COLES, JASON   | _                       |                 | 1.2 NAME   |  |   |                       |  |                    | _                      |  |
| NAME<br>STREET ADDRES                           | THE ALLE OF LIEURON DO ATE   | 302                     |                 |  | ADDRESS                                      |   |                       |  |                    |                        |  |
| CITY-ST-ZIP                                     | LONGBOAT KEY FL 34228  |                         | 1.              | 4 CITY-ST  | -ZIP   |   |                       |  |                    |                        |  |
| TITLE   | D  | DELE                    | TE 2.           | 1 TITLE  |  |   |                       | ☐ Ch   | ange               | ☐ Addition             |  |
| NAME  | HIGHTON, ROGER   |                         | 2.1             | 2 NAME   |  |   |                       |  |                    |                        |  |
| STREET ADDRES                                   | AAAA ALII E AE MEMOA AD ATT  | 302                     | 2.              | 3 STREET   | ADDRESS                                      |   |                       |  |                    |                        |  |
| CITY-ST-ZIP                                     | LONGBOAT KEY FL 34228  |                         | 2.              | 4 CITY-S   | r-ZIP  |   |                       |  |                    |                        |  |
| TITLE   |  | ☐ DELE                  | TE ~ ^ 3.       | 1 TITLE  |  |   |                       | Ch   | ange               | Addition               |  |
| NAME  |  |                         | . 3.            | 2 NAME   |  |   |                       |  | -                  |                        |  |
| STREET ADDRES                                   | s  |                         | 3.              | 3 STREET   | ADDRESS                                      |   |                       |  |                    |                        |  |
| CITY-ST-ZIP                                     |  |                         | 3.              | 4. CITY-S  | r-zip  |   | •                     |  |                    |                        |  |
| TITLE   |  | ☐ DELE                  | TE 4.           | 1 TITLE  |  | •   |                       | ☐ CH   | ange               | Addition               |  |
| NAME  |  |                         | 4.              | 2 NAME   |  |   |                       |  |                    |                        |  |
| STREET ADDRES                                   | s  |                         | 4.              | 3 STREET   | ADDRESS                                      |   |                       |  |                    |                        |  |
| CITY-ST-ZIP                                     |  |                         | 4.              | 4 CITY-ST  | -ZIP   |   |                       |  |                    |                        |  |
| TITLE   |  | ☐ DELE                  |                 | 1 TITLE  |  |   |                       | □ Cr   | ange               | ☐ Addition             |  |
| NAME  |  |                         | 5.              | 2 NAME   |  |   |                       |  |                    |                        |  |
| STREET ADDRES                                   | s  |                         | 5.              | 3 STREET   | ADDRESS                                      |   |                       |  |                    |                        |  |
| CITY-ST-ZIP                                     |  |                         | 5.              | 4 CITY-ST  | -ZIP   |   |                       |  |                    |                        |  |
| TITLE   |  | C DELE                  | TE 6.           | 1 TITLE  |  | ··-   |                       | Ch   | ange               | ☐ Addition             |  |
| NAME  |  |                         | 6.              | 2 NAME   | 1  |   |                       | •  |                    |                        |  |
| STREET ADDRES                                   | si   |                         | 6.              | 3 STREET   | ADDRESS                                      |   |                       |  |                    |                        |  |
| CITY-ST-ZIP                                     |  |                         | 6.              | 4 CITY+ST  | -ZIP   |   |                       |  |                    |                        |  |
|   | certify that the information supplied with t   | his filing does not qua | alify for the e | xemptic  | on stated in                                 | Section 119.07(3)(i                           | , Florida Statutes. I | further certify tha                            | the in             | formation              |  |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

941-387-0809

**—**-41 · :